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SERIAL NUMBER 10/790,299	FILING DATE 03/01/2004  RULE	CLASS 604	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. MR/99-028.C.C
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 10/281,661 10/28/2002 PAT 6,699,219 OK

which is a CON of 09/553,822 04/21/2000 PAT 6,471,674 OK

FHD

## \*\* FOREIGN APPLICATIONS \*\*\*\*\* NONE

FHD

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/19/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 9	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	FHD Examiner's Signature Initials			

## ADDRESS

21140

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ONE MEDRAD DRIVE

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15051

## TITLE

Fluid delivery system having pump systems, check valves and a removable patient interface

☒ All Fees☒ 1.16 Fees ( Filing )☒ 1.17 Fees ( Processing Fee of

FILING FEE  RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.17 Fees ( Processing Ext. or time )
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